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| (to be used for all correspondence after | First Named Inventor | Mark W. Miles | | 1 | | | |
| | | Art Unit | 2674 | OCT 0 | 9 2003 | | |
| | | Examiner Name | Jennifer T. Nguye | Technology (| enter 26 | | |
| Total Number of Pages in This Submission | on 8 | Attorney Docket Number | 5652P001 | | 1017.01 | | |
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| ENCLOS | URES (chec | k all that apply) | T | | ł | | |
| Fee Transmittal Form | Drawing(s) | | After Allowance to Group | e Communication | ļ i | | |
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| Response to Missing Parts/ Incomplete Application | Remarks | | · | | 1 | | |
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| hereby certify that this correspondence is be sufficient postage as first class mail in an env Box 1450, Alexandria, VA 22313-1450. | ing deposited wit elope addressed | h the United States Postal to: Mail Stop Non-Fee Am | Service on the date shendment, Commission | own below with er for Patents, P.O. | | | |
| Typed or printed name Karen Kuhn | er , / | | | | 1 | | |
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| Applicant claims small entity status. | See 37 CFF | R 1.27. | Examiner Name | Jennifer T. Ngu | ryen nology ochre | 2000 |
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| TOTAL AMOUNT OF PAYMENT | (\$) | 0.00 | Attorney Docket No. | 5652P001 | | J |
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| METHOD OF PAYMENT (check all that apply) | | | | | FEE CALCULATION (continued) | | | | | | | | |
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| 1202 18 | 2202 | 9 | Claims in excess of | | | 1810 | 770 | 2810 | 385 | (37 CFR § 1.129(a)) For each additional inv | vention to be | | |
| 1201 86 | 2201 | 43 | Independent claims | | | 1010 | ,,, | 2010 | 303 | examined (37 CFR § 1 | | | |
| 1203 290 1204 88 | 2203 | 145 Multiple Dependent claim, if not paid 43 **Reissue independent claims over original | | 1801 | 770 | 2801 | 385 | Request for Continued | Examination (RCI | E) | | | |
| 1204 00 | 2204 | 43 | patent | WOUND OF GT | | 1802 | 900 | 1802 | 900 | Request for expedited | | | |
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| **or number previously paid, if greater, For Reissues, see below | | | | | | | | | | | | | |
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| Name (Print/Type) Jarges H. Safter | | | | | egistratio tomey/Age | | 3 | 5,668 | Telephone | (408) 7 | 20-8300 | | |